



November 10, 2009

**Los Angeles County
Board of Supervisors**

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TO: Each Supervisor

FROM: John F. Schunhoff, Ph.D.
Interim Director

SUBJECT: **STATUS REPORT ON KEY INDICATORS OF PROGRESS,
HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED
TO THE TRANSITION TO THE NEW LAC+USC MEDICAL
CENTER – PROGRESS REPORT #23 (Agenda Item #S-1,
November 10, 2009)**

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This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is not the full monthly operational report but an interim report of Emergency Department (ED) and hospital admission volumes and specialty services with trends to include the month of October 2009.

Census Trending (ADC includes Psychiatric and Newborn Patients)

The Average Daily Census (ADC) for the month of October was 581 out of 671 licensed beds, an estimated 85% utilization rate (87% occupancy). The census for Medical/Surgical units was an estimated 95% utilization rate (97% occupancy) for October 2009.

Emergency Department (ED) and Hospital Admission Volume Trending

Attachment 1 demonstrates the trending of ED registration and admissions to both the ED and the hospital. Since August 2009, there have been increased ED registration volumes. The October increase includes a significant spike in patients presenting with flu-like symptoms during the last two weeks of October. ED registration volumes in the last six months have met or exceeded the pre-move average.

Admission workload only reflects admission to LAC+USC and does not take into account an additional 130-150 patients/month seen in the ED and transferred to other facilities.

Specialty Services

Attachment 2 shows the ADC trends for the specialty areas of OB/GYN, Pediatrics, ICU, Psychiatry, Jail and Burn units. These areas will continue to fluctuate based on the types of patients presenting to the ED.

Additional Information Requested

On October 20, 2009, your Board instructed the Interim Director of Health Services to: 1) implement all possible internal and external responses to avoid "severe" and "dangerous" overcrowding at LAC+USC Medical Center.

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This response must include transferring as many patients as necessary to ensure that the LAC+USC emergency room has, on average, no more than 13 emergency department patients waiting to be transferred from the Emergency Department to a hospital bed, and that these patients wait, on average, no longer than 11 hours to be admitted; 2) report on the findings of the Zero-Based Budgeting and Staffing Analysis and the current status of any implementation that has occurred; and 3) report on what actions are being taken at other County Hospitals to manage emergency room workload and what their workloads entail.

LAC+USC Overcrowding Intervention Plans -- Since the move to the new facility, the Department and LAC+USC have implemented a number of initiatives to improve patient flow, not only through the ED but also through the hospital as a whole. A key component of decompressing the ED has been instituting transfers to other facilities. In early 2009, contract physicians were placed in the ED during peak hours to effect transfers to Rancho. These physicians identify patients that meet Rancho criteria; obtain physician to physician consultation and authorization for transfer; and work with the patient to understand the need for transfer. In addition, the Surge Plan was implemented in May 2009 with many internal and external measures triggered by different levels of crowding, to improve patient flow, even during daily surges. Since the October 20, 2009 Board meeting, several other measures have been implemented including the following:

- Initiated additional senior management bed huddles. Bed huddles are quick multi-disciplinary meetings to share status of beds and need for beds to accommodate ED admissions.
- Increased efforts to transfer patients out of the ED for admission to other County and contract facilities. Contracts with private hospitals, geographically close to LAC+USC, are in final stages of negotiations for the transfer of indigent patients as approved by the Board.
- Created a Steering Committee to provide more rigor in the implementation and monitoring of the Surge Plan.
- Engaged Unit Nurse Managers in the discharge planning process to expedite discharges.

LAC+USC Zero-Based Budgeting and Staffing Analysis – During the period leading up to the hospital move, a consultant, Affiliated Computer Services (ACS), was contracted to develop appropriate staffing models for the new down-sized facility. Staffing models are only one component of a zero-based budgeting process. A zero-based budgeting process includes a line-item-by-line-item review of all fixed and variable costs for each specific functional area of an organization. In this case, the work undertaken by ACS was limited to the development of appropriate staffing models for inpatient units and support services.

The staffing model ACS provided to LAC+USC is being modified to incorporate the facility's operational experience gained over the year since the new hospital opened. Based on that operational experience, LAC+USC is re-examining the working models and determining what modifications and refinements are required in light of the facility's current real-life operating environment. LAC+USC is rigorously evaluating each hiring and promotional request and requiring comprehensive position justification to ensure that staffing for each of the functional areas is appropriate.

DHS ED Workload: Harbor/UCLA & Olive View -- Overall, EDs throughout Los Angeles County, both public and private, have been stretched to capacity with the closure of eleven EDs within the past seven years.

Our safety net system for the indigent population has been extremely challenged in the past few years, especially with the recent economic downturn and the high levels of unemployment resulting in more people turning to County-run EDs for care. From FY07-08 to FY08-09, the County EDs experienced the following increases in patient visits:

ED VISITS (INCLUDING PSYCH)

	<u>FY 2007- 08</u>	<u>FY 2008- 09</u>	<u>%</u>
LAC+USC	128,232	140,585	9.63%
HARBOR-UCLA	71,833	89,611	24.75%
OLIVE VIEW	<u>44,994</u>	<u>48,453</u>	<u>7.69%</u>
TOTAL	<u>245,059</u>	<u>278,649</u>	<u>13.71%</u>

Detail regarding workload at OVMC and Harbor is as follows:

Olive View-UCLA Medical Center

For FY09-10, Olive View has 198 budgeted beds. The ADC for the first quarter of FY09-10 was 199, achieving 100% occupancy. During this time period, the average number of patients waiting for admission at 11:00 p.m. was 1 patient. The median ED Boarding Time has decreased from over 5 hours in 2006 to 3.3 hours; and the median ED Length of Stay for admitted patients has decreased from 12 hours to 9 hours in 2009. This decrease and mitigation of increased ED volumes were a result of the following actions by the facility:

- An inpatient hospitalist contract was implemented 7 nights a week to ensure efficient patient flow and thus improve movement through the ED (by expediting hospital and ICU discharges).
- Patient flow nurses were assigned to day and evening coverage to improve flow throughout the inpatient units and the ED.
- Ward and ED bed huddles were implemented.
- A Discharge Waiting Room was opened to allow discharged patients to vacate a bed sooner.
- Additional step-down beds were opened to accommodate the increasing number of admissions requiring advanced monitoring.
- 8 additional treatment bays have been opened for 12-16 hours a day.
- The attending physicians have been tasked with ensuring timely Medical Screening Exams (MSEs) on acutely ill patients.
- The triage process was redesigned using the Emergency Severity Index that resulted in shortening the arrival-to-triage time for the sickest patients.
- Efficiencies in staffing and provider productivity have been maximized through education and redesign.

Harbor-UCLA Medical Center

For FY09-10, Harbor has 373 budgeted beds. The ADC for the first quarter of FY09-10 was 369, nearing maximal occupancy. During this time period, the average number of patients waiting for admission at midnight was 10 patients. The average ED Boarding Time in October 2009 was 5.5 hours, reduced by 19% since March 2008.

Some of the measures that have been put into place to mitigate the workload increases include:

- An ED enhancement project with a quick registration as well as a Rapid Medical Evaluation (RME) component performed by physician and mid-level practitioners prior to entrance into the ED treatment area.
- Build out of 7 exam rooms to accommodate the increased patient volume in triage and RME.
- Establishment of nurse bed huddles in the inpatient units and the ED.
- Expansion of urgent care hours.
- Expansion of hours of operation for the operating room (OR) to increase available surgical time, particularly for urgent surgeries.
- An inpatient hospitalist contract to ensure efficient patient flow and thus improve movement through the ED (by expediting hospital and ICU discharges).
- Harbor is in the final stages of implementing an Expedited Work-Up Clinic for patients who need rapid diagnostic studies which will result in avoidance of admissions to get these procedures.

Each of the three County facilities with EDs are designed differently and therefore face some unique challenges. An ED Best Practices Committee has been in place with physician and nursing membership from all three facilities. In this way, successful innovative measures can be duplicated in other facilities, when applicable. Not all ideas can be duplicated because of differences in physical space, staffing and services. However certain measures such as bed huddles, triage efficiencies and urgent care expansions have been common strategies systemwide.

If you have any questions or need additional information, please contact Carol Meyer, Chief Network Officer, at (213) 240-8370 or me.

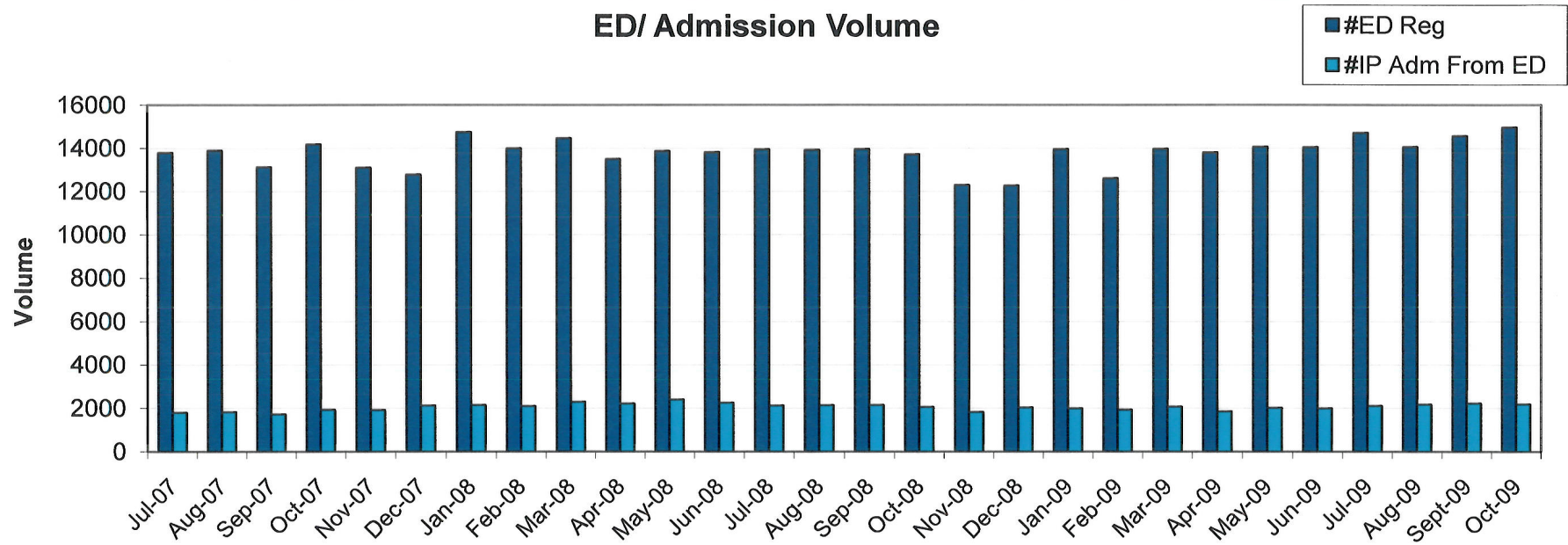
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Attachments

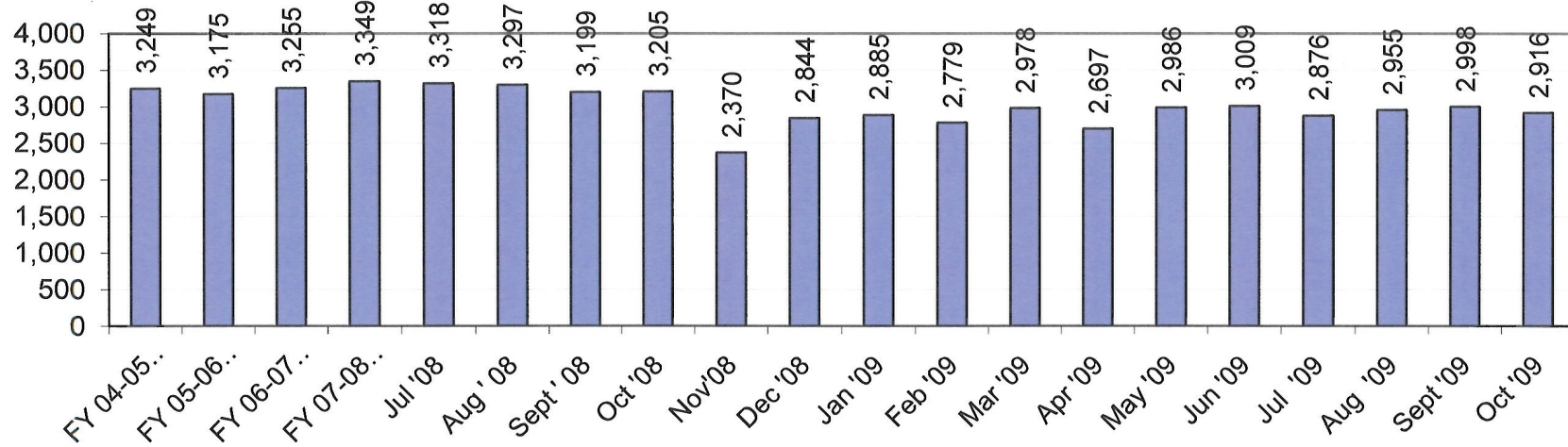
c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors

LAC+USC Medical Center Workload Summary

ED/ Admission Volume



Admissions



LAC+USC Healthcare Network
Average Daily Census by Nursing Unit Subset, Jul-2008 to Oct-2009
 based on Affinity Nursing Unit Statistical Reports

